

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AS		10/21/44
O.I.P.E. CLASSIFIER		18	10/26/59
FORMALITY REVIEW		69055	11-4-99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	10/21/44
2	✓	✓	10/21/44
3	✓	✓	10/21/44
4	✓	✓	10/21/44
5	✓	✓	10/21/44
6	✓	✓	10/21/44
7	✓	✓	10/21/44
8	✓	✓	10/21/44
9	✓	✓	10/21/44
10	✓	✓	10/21/44
11	✓	✓	10/21/44
12	✓	✓	10/21/44
13	✓	✓	10/21/44
14	✓	✓	10/21/44
15	✓	✓	10/21/44
16	✓	✓	10/21/44
17	✓	✓	10/21/44
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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